

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	960296.00041
	<b>First Named Inventor</b>	James A. Zagzebski
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10/
	<b>Filing Date</b>	Herewith
	<b>Art Unit</b>	
	<b>Examiner Name</b>	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARAMETRIC ULTRASOUND IMAGING USING ANGULAR COMPOUNDING

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

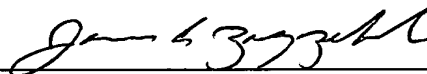
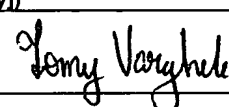
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 20px;">27114</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
Address			
City		State	ZIP
Country	Telephone		Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <span style="float: right;">James A.</span> (first and middle (if any))		Family Name <span style="float: right;">Zagzebski</span> or Surname	
Inventor's Signature 		Date <span style="float: right;">Jan. <u>16</u>, 2004</span>	
Residence: City <span style="float: right;">Madison</span>	State <span style="float: right;">WI</span>	Country <span style="float: right;">U.S.</span>	Citizenship <span style="float: right;">U.S.</span>
Mailing Address <span style="float: right;">522 Dunning Street</span>			
Mailing Address			
City <span style="float: right;">Madison</span>	State <span style="float: right;">Wisconsin</span>	ZIP <span style="float: right;">53704</span>	Country <span style="float: right;">U.S.</span>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <span style="float: right;">Tomy</span> (first and middle (if any))		Family Name <span style="float: right;">Varghese</span> or Surname	
Inventor's Signature 		Date <span style="float: right;">Jan. <u>16</u>, 2004</span>	
Residence: City <span style="float: right;">Madison</span>	State <span style="float: right;">WI</span>	Country <span style="float: right;">U.S.</span>	Citizenship <span style="float: right;">U.S.</span>
Mailing Address <span style="float: right;">14 West Copper Circle</span>			
Mailing Address			
City <span style="float: right;">Madison</span>	State <span style="float: right;">Wisconsin</span>	ZIP <span style="float: right;">53717</span>	Country <span style="float: right;">U.S.</span>
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

PO 238545

Please type a plus sign (+) inside this box → +

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Anthony L.		Gerig	
Inventor's Signature <i>Anthony L. Gerig</i>		Date Jan. <u>20</u> , 2004	
Residence: City Madison	State WI	Country U.S.	Citizenship U.S.
Mailing Address <del>341 South Street, Apt. 16</del> 66 S. Oakbridge Ct. #201 AG-1/22/04			
Mailing Address			
City Madison	State WI	ZIP 53745 53717	Country U.S.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country